ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION .	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	6/500
FORMALITY REVIEW	55	373	02-02-0
RESPONSE FORMALITY REVIEW	\$/(929	11-16-01
	it	Tim	01(14(0)

BEST AVAILABLE COPY INDEX OF CLAIMS Rejected AllowedInterference Appeal (Through numeral)... Canceled Objected Restricted Date Date Claim Claim Date Final Original Final Original

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)



Claim 15